



## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

Requestor Name and Address:  MEDPRO CLINICS 7447 HARWIN SUITE 190 HOUSTON TX 77036	MFDR Tracking #: M4-05-2133-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #:  CITY OF HOUSTON Box #: 42	Date of Injury:
	Employer Name:
	Insurance Carrier #:

### PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

**Requestor's Position Summary:** "In response to MR-116 please note that there are no medical records pertaining to this date of service. The submitted medical bill of \$100.00 was for attendance at RME as provided by TWCC rule 134.5."

**Principal Documentation:**

1. DWC 60 Package
2. Medical Bill(s)
3. EOB(s)
4. Total Amount Sought - \$100.00

### PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

**Respondent's Position Summary:** The respondent did not submit a response to this request for medical fee dispute resolution.

### PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
9/7/2004	CPT CODE 99199	\$100.00 X 1 hr. = \$100.00	\$100.00	\$100.00
			<b>Total Due:</b>	<b>\$100.00</b>

### PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Tex. Lab. Code Ann. §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### Background

1. This request for medical fee dispute resolution was received by the Division on November 19, 2004. Pursuant to Division rule at 28 TAC §133.307(g)(3), effective January 1, 2003, 27 TexReg 12282, applicable to disputes filed on or after January 1, 2003, the Division notified the requestor on November 23, 2004 to send additional documentation relevant to the fee dispute as set forth in the rule.
2. Division rule at 28 TAC §134.5, titled *Treating Doctor Attendance at Medical Examination Under a Medical Examination Order*, effective September 2, 1991, 16 TexReg 4458, sets out the reimbursement guideline for treating doctors that attend required medical examinations.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:  
  
Explanation of benefits dated 10/12/2004

- N-Not appropriately documented
- (880-102)-Denied per insurance: Lack of sufficient documentation of services rendered (BR, DOP, SURGICAL BILL, ETC.) 100%.

### Issues

1. Is the requestor entitled to reimbursement for CPT code 99199?

### Findings

1. Division rule at 28 TAC §134.5(a) states "The injured employee's treating doctor may be present at a required medical examination as described in §126.6 of this titled (relating to Order for Required Medical Examinations). The treating doctor shall be reimbursed by the insurance carrier for time as specified in the following guidelines: 1) a rate of \$100 an hour limited to four hours..."

Division rule at 28 TAC §134.5(c) states "After accompanying the injured employee to the examination, the treating doctor shall submit request for reimbursement on TWCC Form 67."

CPT code 99199 is described as "Unlisted special service, procedure or report." Division records indicate that Dr. Rabbani was the claimant's treating doctor and that an RME was scheduled with Dr. Hood. Based upon the submitted medical bill the requestor billed for one unit/hr. Therefore, per Division rule at 28 TAC §134.5(a), the requestor is entitled to reimbursement of \$100.00.

### Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation supports the reimbursement amount sought by the requestor. For the reasons stated above, the division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$100.00.

## **PART VI: ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031 and §413.019 (if applicable), the Division has determined that the requestor is entitled to \$100.00 reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$100.00 plus applicable accrued interest per Division rule at 28 Tex. Admin. Code §134.803, due within 30 days of receipt of this Order.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

**June 23, 2010**

\_\_\_\_\_  
Date

## **PART VII: YOUR RIGHT TO REQUEST AN APPEAL**

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**